

MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								EXAMINING GROUP
AME	NDMENT T	l	ocket No. 73-0120P					
Application	on No.	Filing I	Date		Examiner		Art Unit	
09/590,375-C	onf. #2206	June 9,	E. S	lobodyan	sky	1652		
Applicant(s): Kei	ji ENDO et al.			·· · · · · · · · · · · · · · · · · ·				
Invention: MUTA	NT ALPHA-AM	YLASES						
MS AF Commissioner for P.O. Box 1450 Alexandria, VA 22	313-1450							
Transmitted here					ation.			
The fee has bee	n calculated an	d is transmitte	d as shown b	elow.				
		CLAIM	S AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	R	ate			
Total Claims	22	- 31 =	0	x			19	1
Independent Claims	12	- 11 =	1	х	200.00			
Multiple Depend	dent Claims (ch	eck if applicabl	e)					1
Other fee (pleas	se specify): E		120.00	_				
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:				320.00	
x Large Entity	•			Sr	nall Entity			
No addition	al fee is require	d for this amer	ndment.					
	ge Deposit Acc	· · · · · · · · · · · · · · · · · · ·		n the amo	unt of \$_		·	
X A check in t	he amount of \$	320.00	to cover	the filina	fee is encl	losed.		
	credit card. Fo							•
	r is hereby auth d below. A dup		-	•	Account N	o. <u>02</u>	2-2448	
	ny overpaymer	• •						
	any additional fil		n processing f	fees requir	ed under 3	37 CFR 1.	16 and 1.17.	
T	has	_		Da	nted:	JUN 2	1 - 2005	
John W Bailey Attorney Reg. I		- \ -		De		00N Z	, 2003	_
BIRCH, STEW 8110 Gatehous Suite 100 East P.O. Box 747	se Rd		Р					
Falls Church, \ (703) 205-800(0747						

Effective on 12/08/2004.

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Fees purs		solidated Appropriat		R. 4818).	Application Nur	nber (9/590,375-C	onf. #2206	;
F	EF T	RANSM	ΙΔΤΤΙΙ		Filing Date		lune 9, 2000		
i .					First Named Inv		(eiji ENDO		
For FY 2005					Examiner Name		E. Slobodyansky		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	1	1652		
TOTAL	MOUNT OF	PAYMENT	(\$) 320.00		Attorney Docket	No. 2	2173-0120P		
METHO	D OF PAY	MENT (check all	that apply)						
X Che	ck Cr	edit Card	Money Order	None	Other ((please identi	fy):	-	
Dep	osit Account	Deposit Account Nun	nber: <u>02-2448</u> (Deposit Accou	unt Name:	Birch, Ste	wart, Kolasch	n & Birch, L	.LP
F	or the above	-identified deposit	account, the D	irector is h	nereby authorize	ed to: (chec	k all that apply)	
	Charge f	fee(s) indicated be	elow		Charg	e fee(s) ind	icated below, e	except for the	he filing
[any additional fee inder 37 CFR 1.16		ment of	x Credit	any overpa	yments		
FEE CA	LCULATIO	ON							-
1. BASIC	FILING, SE	ARCH, AND EXA	MINATION FE	ES					
		FILIN	NG FEES	SEA	RCH FEES	EXAMIN	ATION FEES	3	
Applica	tion Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)-
Utility		300	150	500	250	200	100		
Design		200	100	100	50	130	65		
Plant		200	100	300	150	160	80		
Reissue	;	300	150	500	250	600	300	•	
Provisi	onal	200	100	0	0	0	0		
2. EXCES	S CLAIM FE	EES							Small E
Fee Desci								<u>Fee (\$)</u>	Fee (
	-	ncluding Reissues	•			,	,	50	2:
	pendent ciai dependent cl	im over 3 (includi	ng Keissues)					200 360	100 180
Total Cl	•		Fee (\$)	Fee Pa	id (\$)	M	Itiple Depend		
22		0 x	0 =	0		Fee Paid (\$			
	• -	^ _			•		· (\$)		4
indep. C	aims E	Extra Claims	Fee (\$)	Fee Pa	id (\$)				_
12	11 = _	1x	200 =	200.	.00				
	CATION SIZE								
		nd drawings exce CFR 1.52(e)), the							`
		thereof. See 35 U				or sinali cii	iity) toi each a	iduitional 30	,
	Sheets	Extra Sheets			litional 50 or frac	tion thereof	Fee (\$)	<u>Fee</u> F	Paid (\$)
) =	/50		ound up to a who			=	
								Fees	Paid (\$)
4. OTHER									
Non-E	r FEE(S) nglish Speci	fication, \$130 fe	•	•	•				
Non-E	r FEE(S) nglish Speci	fication, \$130 fe	•	•	•	st month		\$1:	20.00
Non-E Other	r FEE(S) nglish Speci (e.g., late Fili		•	•	•	st month		\$1:	20.00
Non-E Other	r FEE(S) nglish Speci (e.g., late Fili	ing surcharge): 1	•	n for resp	onse within fir	<u></u>	Telephone		
	R FEE(S) nglish Speci (e.g., late fill		•	n for resp	onse within fir	32,881	Telephone Date	(703) 203 UN 2 1	5-8000